



5

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

ATTORNEY'S DOCKET NO.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

DETERMINATION METHOD OF BIOLOGICAL COMPONENT AND REAGENT
KIT USED THEREFOR

the specification of which

_____ is attached hereto.

X was filed on December 3, 2001 as
United States Application Number or PCT International
Application Number 09/998,130
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
Japan	370445/2000	5, 12, 2000		YES
Japan	96724/2001	29, 3, 2001		YES

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE (day, month, year)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE (day, month, year)	STATUS (i.e. Patented, Pending, Abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

John C. Altmiller (Reg. No. 25,951)
Judith L. Toffenetti (Reg. No. 39,048)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

John C. Altmiller
KENYON & KENYON
1500 K Street, N.W.
Suite 700
Washington, D.C. 20005
(202) 220-4200 (phone)
(202) 220-4201 (facsimile)

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME KISHIMOTO	FIRST GIVEN NAME Takahide	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Tsuruga-shi	STATE OR FOREIGN COUNTRY Fukui, Japan	COUNTRY OF CITIZENSHIP Japan
POST OFFICE ADDRESS	c/o Toyo Boseki Kabushiki Kaisha Tsuruga Institute of Biotechnology, 10-24, Toyo-cho, Tsuruga-shi, Fukui 914-0047 Japan		
Signature <i>Takahide Kishimoto</i>		Date <i>December 18, 2001</i>	

FULL NAME OF INVENTOR	FAMILY NAME SOGABE	FIRST GIVEN NAME Atsushi	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Tsuruga-shi	STATE OR FOREIGN COUNTRY Fukui, Japan	COUNTRY OF CITIZENSHIP Japan
POST OFFICE ADDRESS	c/o Toyo Boseki Kabushiki Kaisha Tsuruga Institute of Biotechnology, 10-24, Toyo-cho, Tsuruga-shi, Fukui 914-0047 Japan		
Signature <i>Atsushi Sogabe</i>		Date <i>Dec. 18, 2001</i>	
FULL NAME OF INVENTOR	FAMILY NAME HATTORI	FIRST GIVEN NAME Shizuo	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Tsuruga-shi	STATE OR FOREIGN COUNTRY Fukui, Japan	COUNTRY OF CITIZENSHIP Japan
POST OFFICE ADDRESS	c/o Toyo Boseki Kabushiki Kaisha Tsuruga Institute of Biotechnology, 10-24, Toyo-cho, Tsuruga-shi, Fukui 914-0047 Japan		
Signature <i>Shizuo Hattori</i>		Date <i>Dec. 18, 2001</i>	
FULL NAME OF INVENTOR	FAMILY NAME OKA	FIRST GIVEN NAME Masanori	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Tsuruga-shi	STATE OR FOREIGN COUNTRY Fukui, Japan	COUNTRY OF CITIZENSHIP Japan
POST OFFICE ADDRESS	c/o Toyo Boseki Kabushiki Kaisha Tsuruga Institute of Biotechnology, 10-24, Toyo-cho, Tsuruga-shi, Fukui 914-0047 Japan		
Signature <i>Masanori Oka</i>		Date <i>Dec. 18, 2001</i>	
<p>NY01332435v1</p>			

FULL NAME OF INVENTOR	FAMILY NAME KAWAMURA	FIRST GIVEN NAME Yoshihisa	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Tsuruga-shi	STATE OR FOREIGN COUNTRY Fukui, Japan	COUNTRY OF CITIZENSHIP Japan
POST OFFICE ADDRESS	c/o Toyo Boseki Kabushiki Kaisha Tsuruga Institute of Biotechnology, 10-24, Toyo-cho, Tsuruga-shi, Fukui 914-0047 Japan		
Signature <i>Yoshihisa Kawamura</i>		Date Dec. 18, 2001	
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
Signature		Date	
NY01\332435v1			